Vol. XIV. No. 6. Estd., Jan. 1923. June 1936.

Health

A Journal Devoted to Healthful Living

Edited By Dr. U. Rama Rau & U. Krishna Rau, M.B.B.S.

Published in

ENGLISH, TAMIL, TELUGU AND CANARESE.

Annual Subscription for any edition Rs. 1-8. Foreign Rs. 2. Post paid.

Editorial and Publishing Offices:—323, Thambu Chetty Street, George Town, Madras.

Editorial

Cheerfulness and Melancholia

These are two mental states, noticeable not only in human beings but also in animals and plants, having a direct bearing on their health and happiness. Cheerfulness is a healthy state of mind and should be cultivated by every one but how to cultivate it is the question. There are currents and counter-currents of thought, ever surging in men's minds, which prevent them from cultivating that habit. Both oriental and occidental philosophers have however found a solution for the problem. Lord Sri Krishna in the Bhagavath Gita says "Look upon pleasure and sorrow alike. Do not exult over the one nor be depressed over the other. Then bliss is certainly yours". To attain this mental poise or equilibrium, an initial or preparatory stage is necessary and this stage has been described by our yogis somewhat on these lines: "There is nothing which you brought with you when you were ushered into this world and there is nothing which you could take with you when you depart from it. So, whatever possessions you may have in the interim are fleeting and transitory and therefore don't grieve over any loss or exult over any gain". If one goes on philosophising thus, one is sure to attain a state of mental perfection where lust, avarice, anger, greed and all such vices are buried deep, and love, humility, modesty, self-sacrifice and cheerfulness begin to dominate. Occidents, on the other hand say: "The present is mine, let me grasp it as greedily as a child, let the morrow take its course". In other words, we must enjoy life out like an innocent child and take things

A SMILING COUNTENANCE.

A smile always bestows grace and beauty to the body, and calm and quiet to the mind.

as they come and go. There is thus very little difference between these two schools of thought.

"Cheerfulness is an antidote for many ills; and a laugh is of immense value, physiologically. It produces an electric effect throughout the whole system. It is felt in no one place particularly but every nerve, muscle and fibre is simultaneously titillated with the electric flash from the brain".

Melancholia is a morbid condition. As some writer has facetiously remarked, "there are some people who keep pet griefs as certain other people keep lap-dogs, that they carry about with them wherever they go. These are the people who feel the best when they feel the worst and are never so happy as when they are utterly miserable".

"Melancholy seriously disturbs the circulation of nerve-electric forces and causes an undue consumption of the latter in the brain. Melancholy people are almost invariably dyspeptic, because a full supply of the electric element is withheld from the pneumo-gastric nerve which conveys from the brain the force that gives tone and activity to the digestive organs. Despondency in fact affects all the organs of the system on the same principle; the brain consuming in its excitement more than its natural allowance of nerve-electricity and as a consequence withholding the vital element from the organs which are dependent on it for a healthful action".

All who have melancholy friends should try to excite them to laughter. A few hearty laughs will cure the most desperate case of melancholy. Excess of joy or sorrow is fatal. There

are numerous instances of persons dying out of excessive joy as a result of a sudden shock. Therefore, avoid extremes, be cheerful, be not depressed. This is the shortest cut to good health and longevity.

"Haste thee, Nymph, and bring with thee
Jest, and youthful jollity,
Quips, and cranks, and wanton wiles,
Nods, and becks, and wreathed smiles,
Such as hang on Hebe's cheek,
And love to live in dimple sleek,
Sport that wrinkled Care derides,
And Laughter holding both his sides".

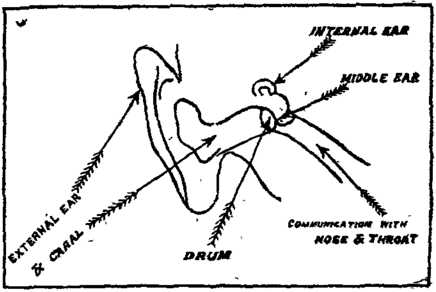
—*John Milton*

Physical Fitness

—By Khagendranath Chatterjee,—
M.S., Lt. I.M.S., (Retd.), Chinsura, Hooghly.

PART III—Ear

Next to the Eyes in importance, come the Ears; for if we can not hear anything, we cannot enjoy the sweetness of voice and the melody of sound in our life, nor can we be able to learn our speech. The speech centre in the brain of a child develops only after repeated hearing of different words. For this reason, the born deaf become dumb also. Hearing is also very necessary for doing ordinary duties of life and it will be described later on, how diseases of the ear may extend to the brain and endanger life. A general knowledge, therefore, should be acquired by everybody, regarding this important organ, so that one might be able to keep it healthy and prevent diseases, that may affect the hearing. People generally understand by the name, "Ear" the outer part of the organ only, which alone is visible. But it should be known to all that the ear is divided into three parts, the outer or the external part, the middle and the internal parts, of which the last two remain concealed within the skull and are separated from the external ear by a partition of thin membrane called the "drum".* This membrane looks like a small and thin fish plate. It should further be known, that the middle and internal ears have communications with the throat and nose, and are very close to the brain, which lies just above them. Any disease of the nose and throat, such



as ordinary cold and catarrh, may therefore, affect the ear, producing ear-ache, pus etc., and from the ear the mischief may extend to the brain, causing risk of life. The majority of people suffering from pus in the ear, get the disease, by an extension of inflammation from the nose and

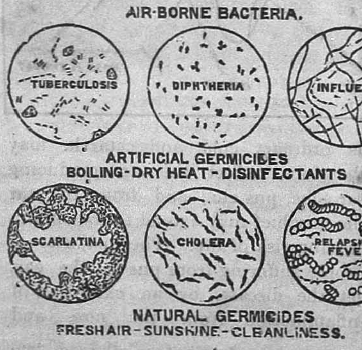
* As it carries the vibrations of sounds into the brain.

throat. The infection starts from a chronic or acute nasal catarrh or sore throat and the discharge accumulates behind the drum, and remains pent up for some time, till it rends through the membrane and appears at the external ear and gradually becomes pus. This is the commonest cause of pus in the ear, and the rupture of the membrane, is the commonest cause of the short of hearing. Any discharge from the ear or any trouble regarding the organ, should therefore, be treated from the beginning, and never neglected, considering the serious consequences that may occur from it. The fit condition of the ears, therefore, is the absence of any discharge and the absence of short of hearing.

Our Unseen Foes and Friends

By Rai Dr. G. C. ChatterJee Bahadur,
M. B. (Cal.), F.R.I., (Lond.) Calcutta.

Every human being is a creature of circumstance and is dependent for his existence on environmental surroundings. There are forces at work which are meant for his destruction. There are others again which are meant for his preservation. Of the former many are visible, such as the venomous snakes and the ferocious animals inhabiting land and water—many are however invisible, but are no less dangerous. Many of these are the germs of infectious diseases, with the consideration of one of which, the writer is at present concerned—namely the germ of consumption. He himself came in contact with it, and had to experience dreadful consequences of the onslaught of this terrible enemy of mankind (accounting, as it does for the death of one out of every 8 persons throughout the world) in losing the life of his nearest and dearest relatives, even before the writer became a medical man. He has had ample opportunities, of seeing in the course of his professional life during the last 36 years, the extensive havoc which it is creating in increasing numbers in every walk of life; the multi-millionaire living in his palatial house is as much a sufferer as the poorest dweller in the slumps of the town. Along with this, he sees evidences of friendly forces,



Our Unseen Foes.

which nature has provided, many of which again are invisible, for fighting this germ. This has become more and more evident to him which was not the case, in the beginning of his professional life, as he got more and more experience of the disease in this country. These friendly forces are so potent, that they are capable of not only preventing the entrance of this germ into the tissues of the human being, but are capable by their unaided power, in saving the lives of majority of those, who are unlucky enough to have reached even the advanced stage of the disease. Besides, he finds that full action of these benign forces, is available even to the poorest man or woman in this country. The reason why the help of these friendly forces is not taken advantage of to the fullest extent and why people are losing their lives in thousands from this fell disease, is the peculiarity of humanity which refuses to utilise what is cheap and easily available, but hankers after extraordinary, and costly remedies. As this assertion of the writer may appear too egotistic and dogmatic, going against the opinion of the majority of men practising medicine, he cannot do better than quote the following from the publication of the Red Cross Society, Madras Branch, which is guided by better informed medical men engaged in social service :

" The undramatic Disease—Control and cure of Tuberculosis.

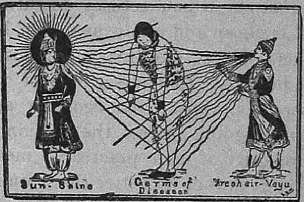
An old story is told of a diseased rich merchant who came to a prophet to cure him of his complaint. The prophet ordered that the merchant should bathe seven times in an inconspicuous stream; the merchant—so the story goes—was seized with rage and refused to perform such an uninteresting act.

This story illustrates one of the peculiarities of humanity. No man cares to try a cure which has no dramatic action attached to it. Nowhere is this better illustrated than in the treatment for tuberculosis. We preach and teach that rest, sunlight, fresh air and good food are the main ingredients of the tuberculosis prescription. Because these things are cheap, free to all and essentially undramatic, our words fall on deaf ears. Were it only true that a decoction of gold and diamonds was the cure for tuberculosis, the world of tubercular patients would fall over themselves in their eagerness to sacrifice all in order to purchase so expensive a cure."

When a person travelling for the first time in his life in an ocean-going steamer, after passing the whole day on the deck surrounded by howling waves, among which he gets occasional glimpses of its dangerous denizens, the rapacious sharks and the rays, goes to take rest for the night, in the cosy birth of his cabin, he feels a sense of security from these dangers on finding all the comforts there, which are to be found in a first class compartment of a hotel situated on land. He becomes, however, disagreeably surprised, when, on going to lie down on his bed, he sees a notice in a prominent place in his cabin in red letters, asking him to go through a drill, before he lies down, with the life-saving appliance, which he finds underneath his bed, to save himself from drowning, in case his steamer sinks, giving instruction, as to how he is to keep himself afloat in the sea, till he is picked up by a life boat. His fears

become considerably allayed however, when he is told that these accidents to ocean-going steamers are not so common, as this provision made by steamer company seems to suggest, but all the same, these precautionary measures will save many human lives, if accidents occur; for this reason knowledge of use of the life-saving appliance is necessary. Living as we are, in this modern world, which is becoming more and more industrialised with more and more chances of people living in crowded tenements, danger of infection through tubercle bacilli is not so remote as one thinks—even the best-regulated household cannot feel a sense of absolute security from them. So, a notice in red letters how to prevent its onslaught becomes necessary, in order to drill, as it were, every one, including even those who think themselves absolutely secure from its onslaught. Cholera and malaria and other infectious germs one can make provision for. Tubercle bacilli cannot, however, so easily be dealt with. So a knowledge as to how its attack can be prevented, ought to be in the minds of every person. Though it consists in nothing but keeping, as much as possible, to outdoor life and trying to make all places of business, schools, places of amusement, places of exercise, markets etc., where he resorts to, as much open to the beneficial action of sun and air as possible and prevent undue physiological strain, but still the modern industrial life in the cities is hampering us from getting their full advantage. Besides, the strain of life due to competition does not allow the system to take the physiological rest, a thing essentially necessary for healthiness of the system.

That this prevention can really be effected, one can easily find from many sufferers from this disease having recovered solely by the help of ordinary air and sunshine of the plains of Bengal, (even of Calcutta) the special sun rays and air of hills or sea, not being requisitioned. When one realises another fact, *viz.*, that in Kurseong, Srinagar, Nainital, Bhowali, Almora and other hill stations, which have earned the reputation of serving as health resorts for the upper classes, tuberculosis is far more rampant among the indigenous poverty-stricken population there than among the people living under similar circumstances in the plains, one cannot help coming to the only conclusion for finding the key to the solution of tuberculosis, namely, the faulty manner of life a person leads, irrespective of the topography of the place where he happens to live. Wherever there are good chances of getting abundant



Sunshine and fresh air kill germs of diseases especially consumption.

open air and sunshine (it need not be the height or the sea), the disease does not occur at all.

But even if, as a result of the continued neglect of the laws of health, tuberculosis produces visible manifestation of the disease in one's body, the above rule still holds good. But one fact which has to be taken into consideration is that due to the peculiar condition of the system brought

about by the toxine of the germ circulating in it, physiological strain on the system tends to increase the disease in this stage, and so special rest treatment under strict guidance of medical men who know its secret is necessary. In this connection a quotation from the report of the Eighteenth Annual Conference of the National Association for the Prevention of Tuberculosis of England, which was opened at University College, London, by Sir Arthur Robinson, Secretary to the Ministry of Health, will be of interest.

"Dr. N. D. Bardswell, Principal Assistant Medical Officer, L. C. C. Public Health Department, stated that the increase in the death rates from pulmonary tuberculosis among young women at ages 15-20 and 20-25 was practically limited to the unmarried. The following are the unfavourable features:—

(1) Varying degree of fatigue over a long period consequent upon the nature of the employment or the conditions under which it was followed. A contributory element to fatigue was in many cases, a long journey to and from home in all weathers in overcrowded tubes and omnibuses.

(2) Want of rest and late hours to bed, 11 p.m. or so, most commonly the result of recreation, such as the pictures or dancing at the end of a long day's work, but not infrequently due to evening and night work; reading for examinations, night classes, or helping in the home.

(3) Neglected colds.

(4) Unsatisfactory meals; often a poor breakfast owing to late getting up and a cheap but inadequate luncheon, sometimes referred to as the "tea and bun lunch".

Dr. Bardswell would attribute the increased incidence of pulmonary tuberculosis among young women to the strain and stress of competitive wage-earning and the associated changes in their social life as compared with 25 years ago, at a time when physically they were unfitted for it. Not that the changes did not include features favourable to better health—for instance, more reasonable clothing and an increased cult of the open air, such as the open window and what was known as 'hiking'. But for these, the incidence of the tuberculosis might well be worse than it was.

Dr. F. J. H. Coutts said that industrial conditions and particularly the entry of a larger proportion of females into industrial life had been seriously considered as tending to increase young adult tuberculosis. A change in habits had also been invoked particularly to explain the increase in females—more smoking, the cocktail, habit, insufficient clothing, and the greater restlessness of young people in search of excitement. Against this view had to be set the fact that, on the whole, young people led a more healthy open air life, were better fed, generally more sensibly clad than heretofore.

"*Work, sleep and live in plenty of fresh air. Sunlight is the enemy of Tuberculosis germs*".

—H. B. H. M.

The Introduction of Coffee and Tobacco into India

By D. V. S.

'HEALTH' adored as a Goddess in the Golden Age of Greece, is now treated like a pariah child in India. Like Truth and Beauty, Health, more often than not, is the subject of cheap gibes and irreverent interjections. Indians will one day suddenly realise that they are committing a sin against Nature and Humanity by neglecting to know and practise the simple rules of Health which made Ancient India the birth place of heroes and philosophers and the cradle of Cultures.

In an age of abnormal psychology, in these days of dust storms of mass movements and during the nights of terrific earthquakes of noble ideals, it is not surprising that some of our intellectuals, with an ascetic temperament, should define life as " the sipping of a cup of coffee and the smoking of a cork-tipped cigarette". Will any professor or politician of the present day believe that the great Sankara produced all his high-brow commentaries without a knowledge of the existence of such an intellectual stimulant as coffee or that the Scholar-king Krishna Deva Raya conducted his whirl-wind of political compaigns without the exhilarating fragrance of a cigarette ?

Since the professional historians do not condescend to tell us of invasions other than those of marauders or conquerors, a brief note on the origin of these twin evils in India may be read with interest.

Coffee

The word 'coffee' comes from an Arabic term, "qahwa" originally applied to wine. According to mediaeval tradition, coffee was first brought from Kaffa in Abyssinia to Yemen by Arabs. As it was first brought to Aden by Sheik Shihabuddin Dhabhani who died in 1470 A.D., it is usually believed that its introduction into Asia was about the middle of the 15th century. Tavernier, the French traveller of the 17th century says: "Its use was first discovered by a hermit named Shaik Sayyid Ali some 120 years ago or thereabouts; for, before him there is no author ancient or modern who has mentioned it."

In Asia, it was first cultivated in the neighbourhood of Jabal. Later, it was conveyed to Mocha on the road to Mecca. It was not till 1573 that coffee was first mentioned in European literature and another seventy years elapsed before a sample of it was taken from Constantinople to Paris by Thevenot. India, however, seems to have fallen an early victim to this habit-forming drug—coffee. As early as 1616 A.D., Terry gave an interesting description of the use of coffee in India. " Many of the people there, who are strict in their religion drink no wine at all but they use a liquor, more wholesome than pleasant, they call coffee, made by a black seed boiled in water which turns it almost into the same colour but doth very little alter the taste of water.

Notwithstanding, it is very good to help digestion, to quicken the spirits and to cleanse the blood". Even in 1676 or about that time, "Coffee grows neither in Persia nor in India" (Tavernier). But its use was gradually increasing with the additional supplies to Indian markets. Indian vessels load up with it on their return from Mecca...The principal trade in it is at Hormuz and Bassora where the Dutch, when returning empty from Mocha, load up as much as they can, as it is an article which they can sell well. From Hormuz it is exported to Persia and even to great Tartary....for, as for India, it is but little used here." And today, India is inundated with coffee.

Tobacco

The practice of smoking tobacco, which was first learnt by the Spaniards from the Cuban Indians in the year 1492, was introduced into Turkey Egypt and India about the end of the sixteenth century. Its use spread steadily, though opposed by the severest enactments of both the Christian and Muhamadan Governments. The botanical name "Nicitiana" commemorates Jean Nicot, the French ambassador to Portugal, who is said to have sent tobacco to the French Court in 1560. Sir John Hawkins, a prominent figure among Elizabethan sea-captains, is reputed to be the first to introduce tobacco into England in 1565, after his return from Florida. Every school boy knows the story how Sir Walter Raleigh was rudely disturbed while enjoying a smoke, by having a bucketful of water emptied on him.

Though we do not know when and by whom it was first brought to India, we have record of a memorable scene introducing tobacco into the Imperial Court of Akbar the Great..

About the very end of Akbar's long rule (1604 or 1605) Asad Beg, a servant of Abul-Fazal, brought the drug to the Moghul Court from Deccan, which had received the drug from the Portuguese. "This is tobacco which this doctor has brought for Your Majesty as a medicine". The Emperor, himself a lover of experimentation, began to smoke it when his physician approached and forbade his doing so. But His Majesty was pleased to say that he must smoke a little to gratify Asad Beg, and drew two or three mouthfuls. The physician was in great trouble and would not let him do more. Akbar then sent for his druggist and asked him what were its peculiar qualities. The druggist replied that there was no mention of it in his books and that it was a new herb. and that the European doctors had written much in its praise. The first Physician retorted. "In fact, that is an untried medicine, about which doctors have written nothing". Asad Beg said to the physician "Things must be judged as they are good or bad". The Physician was stubborn: "we do not want to follow the Europeans". Asad Beg replied "Wise men and physicians should determine whether it is good or bad". Then spoke the great Akbar, the seeker after truth and the very embodiment of international outlook, "Truly we must not reject a thing that has been adapted by wise men of other nations, because we cannot find it in our own books. How shall we progress?". That wise pregnant pronouncement sounds amazingly modern and needs to be repeated even to-day in the broadcasts that

[Page 100

Scientists and Philosophers are expected to give.

Curiously enough it was Jehangir who in 1617, forbade tobacco-smoking as he thought it was productive of disturbance in temperaments and constitutions. Terry noted about the year 1619 that tobacco grew in abundance but that the people did not know how to cure it. By 1676, tobacco had established a firm foothold in India. Tavernier says, " It grows abundantly in the neighbourhood of Burhampoor and in certain years I have known the people neglect harvesting it because they had too much and they allowed half the crop to decay." Perhaps there was yet no demand from the large rural areas and the orthodox communities. Now, we live and die in an atmosphere of smoke.

While the benefits of these two 'drugs' are either uncertain or illusory, the disadvantages and the disorders consequent on the use or abuse of these "medicinal herbs" are getting increasing recognition. Economists will do well to collect data on the amount spent on these two items in the family budgets. Nutrition workers can confer a boon on the public by explaining the calorific or protective value of these two staple "foods" of South India and persuading the poorer or middle classes to utilise every pie now wasted on these unnecessary articles for the purchase of the more nutritious and protective foodstuffs, so essential for the maintenance of health and vigorous activity, physical or intellectual, as well as for the prevention of racial degeneration.

"JHIN-JHINIA"

—By Dr. S. P. ROY CHOUDHURI,—
L.M.F. (Beng.). Formerly House Physician, Calcutta Medical School Hospital, Medical Officer, R. D., Raj Dispensary Parihar P. O., (Muzafferpur).

The name 'Jhin-Jhinia', I hope, has, by this time, attracted the attention of the profession. This is a peculiar disease, which originated from remotest places in Basirhat Sub-Division of 24 Perganas, Khulna and Jessore of Bengal, in last November, and has now crept into this part of Bihar, and has drawn the attraction of the medical profession. This has caused great panic in the minds of the general public.

The District Health Officer of 24 Perganas (Bengal) in his notification in Nov. 1935 drew the attention of medical men and the puplic about the new disease. He said in the press note that, that was an Epidemic Encephalitis Lethergica which was first noticed in Germany in 1712, in Southern Europe in 1890, in Austria and France in 1916, in America in 1918 and in England in 1921. Some have named it as Corealympho-meningitis. But it is popularly known as 'Jhin-Jhinia' or " Thorthoria " because of its acute tingling and shivering sensation which a patient feels after the attack. Whatever it may be, no definite conclusion about the ætiology of the disease is known yet.

Eminent Physicians of Calcutta like

Sir Nilratan Sarkar, Lt. Col. Knowles, Lt. Col. Napier, Lt. Col. Hodge, Lt. Col. Chopra etc., put their heads together during the last Calcutta Epidemic and expressed their opinion through the press about the 'disease' which runs thus—

"..................Majority of cases seen in the hospitals in Calcutta were either cases of some definite diagnosable diseases such as epilepsy, apoplexy, or were apparently normal individuals suffering from the treatment they received outside Examination of patients revealed various minor abnormalities but the only one frequently encountered was a slight increase in pressure of the cerebro-spinal fluid and a slight exaggeration of knee Jerks..................So called mystery disease is merely a disturbance of the nervous system and not a disease with well defined pathological symptoms..."

Lt. Col. Chopra in his official report to the Press in January last, expressed considerable doubt as to the prevalence of the new disease and suggested that diseases such as malaria, epilepsy, hysteria, neurosis, apoplexy and the like which to some extent were occupied by similar symptoms were being mistakenly identified as "Jhin-Jhinia" ...."

Now it is definitely seen that no definite conclusion as to the ætiology of the disease was arrived at.

The subjective symptoms which were noticed in the number of cases by the observers are—tingling and tremor of the toes and feet, pain in legs, neck and head, rigidity of muscles of body, varying degrees of shaking of the whole or part of the body and giddiness, sensibility is generally not affected. In some cases patient feels anxiety, oppression in the chest, a sense of suffocation, thumping of chest and throbbing of the carotids. Some have described the symptoms as trembling, jerking, quivering of the whole body and limbs, pricking, tingling and formication in the toes, fingers and all over limbs, weakness of mental powers and inability or aversion to talk, stand and keep up the body and the head erect, drooping of eye lids, dimness of sight and slight redness of the eyes. Some observed that there was giddiness or vertigo or swining not amounting to actual fainting, objects around the patient appear to be moving suddenly in different dimensions, sometimes followed by unconsciousness.

Some say the attack occurs usually in the early part of the evening and subsequent attack anytime. Physical examination revealed no particular abnormality in these cases. No particular case of death due to this disease was reported. Statistics of the disease during Calcutta Epidemic show that females are less affected than males: children are very rarely affected.

Preventive treatment suggested by some observers are:—

(1) Suggestion of attack or fright of disease precipitates the attack in sensitive subjects, so this should be totally avoided.

(2) Do not be panicky.

(3) Do not be worrying or brooding.

(4) Every one should be advised to keep himself healthy both mentally and physically.

(5) Throat and nasal passage should be kept healthy by sniffing and

gargling with ordinary common salt solution twice daily (one tea-spoonful of common salt to one seer of warm water) or with any mild antiseptic solution.

The treatment suggested by the eminent medical men of Calcutta are :

(1) The patient to be allowed to lie down immediately.

(2) Putting or rubbing ice over the head. If ice is not available then washing the head with cold water continuously and fanning it vigorously if the patient feels better with that or applying damp cloth over the head and fanning.

(3) Dipping the feet and legs in warm water.

(4) Putting warm covering all over the body except head.

(5) If one feels better by keeping his head on a higher level, it should be done.

(6) Suggestion to the patient—that the symptoms will soon pass off.

(7) After cure, patient to be kept in cool and dark place.

(8) No visitor or sympathiser to be allowed.

Medicine

(9) Some suggest purgative to be given subsequently.

(10) Eminent medical men suggest that the salvolatile to be given to the patient.

(11) The Health officer of 24 Perganas suggests treatment according to the symptoms. Bromide, Sodisalicylas, Hexamine are useful with some other diuretic and laxative.

Diet as suggested

Avoid solid or heavy meals. Give liquids plenty with sugar or carbohydrates such as sago, ordinary fruit juice, milk (diluted), ghee (diluted). Some suggest glucose solution. Normal diet to be resumed according to the degree of recovery.

The people must avoid excessive diet, should abstain from taking rich diet. In one word the people should avoid gastric disturbances by taking only simple and easily digestible food.

In conclusion I owe an apology to the learned readers. I am sending this note of mine that I gathered from case reports which appeared in papers about this disease 'Jhin-Jhinia', for the information of the readers who have not yet come across with cases like this before. I have ventured to send this note to the Press with the hope that learned men of our profession will throw more light as to the real cause of it and enlighten us with more symptoms and treatments of this peculiar so called disease 'Jhin-Jhinia'.

A HUMEROUS INCIDENT

A citizen was peacefully walking along one of the main streets in Calcutta when he was suddenly accosted by four men who accused him of having Jhin-Jhinia and, despite his protests, rushed him to a water tap near by, poured buckets of water on him, and then decamped : when their victim had recovered he found that his wallet which had contained a hundred rupees was missing. – I. M. G.

Nutrition in India

By A. K. Bhattacharya, M.B., (Cal.)
Moradabad, U. P.

THE standard of health and efficiency of an individual as also of a nation depends, to a great extent, upon the nutrition of the individual or the nation.

The aims of Medicine as practised in Western countries today is not only prevention and cure of diseases but also the maintenance of a maximum degree of physical well-being of the people. It is well known that nutrition is perhaps the first thing for the maintenance of physical well being. In more advanced countries than India, ensuring of the physical well being of the people is, to a great extent, the look-out of the State. But here in India, with our poverty, illiteracy and want of sufficient state-help we are, today, probably the most ill-nourished nation of the modern world. The appalling mortality due to Tuberculosis, Malaria, Kala-Azar, Cholera and a host of other maladies in our country is due, mainly to our weakened body-resistance for want of proper nutrition. Rickets, Marasmus, Dental Caries, Beri-Beri and such other diseases as are caused by deficient food factors were much less amongst us in past centuries when we were a well-nourished nation. Most of us are either ill-fed or wrongly fed. At this critical juncture of world-wide economic depression, the horrible poverty of our agriculturists and labourers, the huge unemployment problem amongst our middle class youth are certainly at the root of our food problem.

Villages form the main part of our country. Go to any Indian village and you will see only very few persons who are lucky to have in their diet adequate dairy produce *e.g.*, ghee milk etc., or fresh vegetables and fruits—so essential for nutrition.

What forms the food of the majority of persons is a bulky carbohydrate diet with inadequate proteins, fat and vitamins. In fact the food lacks more in quality than in quantity. The result is huge mortality, morbidity and chronic invalidism.

Children of such persons are sure to inherit the undernourishment which is a great factor in the dreadful infant mortality of our country. Next go to an Indian town. What do you find? Most persons are ill-nourished and ill-housed. Constant worries and anxieties of modern civilisation, unnecessary expenses for outward luxuries at the expense of proper nourishment and housing are playing havoc on the poor citizens.

Unadulterated fresh foods are almost a rarity in towns. Practically no importance is given by the educational authorities and the guardians to the nutrition and physical exercise of our students so that almost the whole of the period of their growth is spent in a state of under-nutrition, resulting in physical wrecks in many cases, when they come out full-fledged graduates or undergraduates Those who are rich often are on the opposite side *i.e.*, they indulge in too rich and highly—spiced articles of food with minimum of physical exercise at the risk of health and efficency.

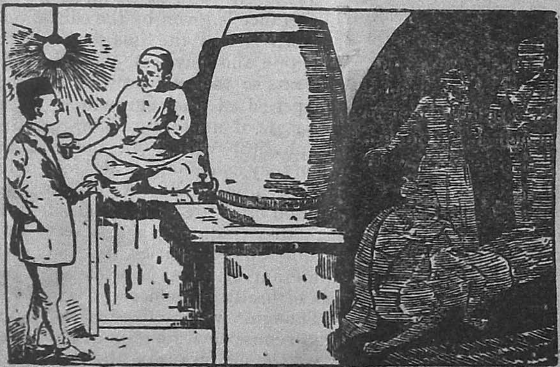
Though want of education and health conscience are responsible greatly yet the main cause at the root is our poverty. And how to solve this knotty problem of poverty?

Health and the Youth

—By Dr. T. P. Sundaram,—
Adyar.

YOUTH is a splendid period in our lives, so splendid that we always desire to be young and never grow old. But unless it is endowed with tireless energy, unfading enthusiasm and intense activity, it loses all its loveliness and attractiveness. In other words, youth needs perfect health for the fulfilment of its ideals and the courageous withstanding of its failures. There is a special awakening at the present day amidst the youth all over the world, to glorify and enrich life, but if they are to succeed in their attempt, there is an arduous preparation to make and that is the building up of an enduring physical constitution —a constitution not to be judged by the mere dimensions and muscular power but one that will leave the mind to work with facility and freedom in the higher spheres of existence. The attainment of such a constitution should be the ambition of the youth.

As it is, we find that the youth wastes a good deal of useful energy. Games and sports are carried to extremes and made even professional. Smoking of tobacco is considered to be an innocent pastime and sometimes drinking of alcohol too. Some youngsters cannot carry on a conversation with friends or strangers without a cigarette in the mouth. Then there is the cinema, the show and the drama depicting the distorted realities of life. Similarly there are thousand and one other diversions whose intricacies the youth does not perceive. His emotional consciousness instead of being spontaneous, pure and radiant, becomes artificial, stereotyped and clumsy. His potential capacities are devitalised and the perspicacity of his senses dullened. The ultimate result is an undermining of the physical constitution. This ought not to be so, for youth is a period of maximum stress in life, a period of experiment with and adventure into the unknown.



The liquor seller speaks pleasingly to the youth but does not show him the wrecked lives in the shadow.

"More health, more life, more work", should be the motto of the youth. Health first, the creator of happiness, the destroyer of morbidity, the despiser of the frailties of the human frame. Such health is what the youth should aim at, health bubbling with life, emotional purity, creative energy.

The Danger of Over-eating

By 'O. D.', Bangalore

It is natural to be healthy, but we have wandered so far astray that the disease is the rule and good health the exception. Of course, most people are well enough to attend to their work, but nearly all are suffering from some ill, mental or physical, acute or chronic which deprives them of a part of their power.

Disease is a very expensive luxury. Right eating is almost enough in itself to ensure health. It is economical, builds health and reduces the cost of living.

Over-eating is one of the worst habits and the cause of much constipation. Only a part of the food is utilised and the rest remains in the alimentary tract, where it mixes with excretions thrown there to be expelled. The entire mass becomes putrid, swarming with bacteria that gives off poisons. The alimentary tract of excessive meat-eaters becomes exceedingly foul and charged with poisons. This putrefying mass directly irritates the mucous membrane and the nerves of the bowel, Soon the excessive stimulation ends in under-activity of the bowel and then we have constipation.

Eat then but one kind of concentrated protein at a meal. Eat but one kind of concentrated starch at a meal. Eat simple meals. Be moderate in eating. Milk is not a drink but a nourishing food. Nuts are a good, clean concentrated food, and when well masticated and rightly eaten are easy to digest. Nuts should not be eaten at the end of a hearty meal. Nut oils are all right for salads. Foods fried in olive oil, peanut oil or cotton seed oil are ruinous to digestion as foods fried in butter, lard or other animal fat. It is the frying that is objectionable, not the variety of food. Vinegar and all other fermented products should be avoided. The succulent vegetables and the mild fruits help to overcome acid conditions. Water is the best drink, and we need no other drink.

All kinds of condiments and spices should be used in moderation because they over-stimulate the appetite; this leads to over-eating; over-eating wastes food and ruins the health and raises the cost of living. Refined white sugar should be classed with the condiments. It furnishes heat, it is true, but it is also an irritant which causes over stimulation and creates a false appetite. Refined sugar is dead food, almost pure carbon, and should be eaten in moderation.

Lord Bacon justly called the stomach "the father of the family", for if it goes wrong, the whole body suffers. It is the principal and the most important organ for the restoration of our nature. — *Sinclair, in* THE CODE OF HEALTH.

Topics of Interest from Periodicals

Moderation.—In the early stages of intoxication the drinker may be a cause of embarrassment or inconvenience or accident to his friends, because neither he nor they realise that his nervous system has been slightly narcotised. Here lies one of the dangers of so-called moderate drinking. It may not lead to conspicuous drunkenness in the sense that the drinker is unable to walk or hold a steady hand. But in the earlier stages of intoxication, he may be even more of a menace in driving a car, in running machinery, in transacting business, simply because perfect control of mind and body have been somewhat impaired. Yet this is not always observed by those about him. Thus drunkenness is not the measure of intoxication, but only a late stage. Intoxication begins with the first effect on conduct. — *Cora Frances Stoddard.*

* * *

What is Old Age?—Many experts who specialise in the study of longevity are declaring that we shall have to revise all our ideas about old age before long. Often, they find, people of sixty and seventy, are really younger, from a health point of view, than others of half that age.

Perhaps the most remarkable case of vigorous youth at an advanced age, at any rate in Britain, was that of old Parr. The inscription on his tomb in Westminster Abbey states that he was born in 1483 and died in 1635—that is, when he was 152. According to certain historical records, he did not marry until he was eighty years old. He had two children by his first marriage.

When he was 122 he married again. After his death, when William Harvey, the famous physician, examined the body, he found that the internal organs were all in an amazingly healthy condition.

Though there are no aged folk in England to-day who can beat old Parr's record, there are nevertheless examples of vigorous longevity. One of the most remarkable is Mrs. Caroline Merriot of Croydon. Recently her 110th birthday was attended, among other relatives and friends, by her great-great-great grand-niece Jean, aged three. Mrs Merriot worked in a laundry until she was 85. She married twice but never had any children. And her recipe for long life is work, plus half a pint of stout every night.—*Indian Views.*

* * *

Sikh Diet and what Poor People in England Live on.—An experiment in which Major-General Sir Robert Mc Carrison compared the diet of the Sikhs, who are, famous for their fine physique, with the food commonly eaten by the poorer classes in England, was described recently by him in the first of the Cantor Lectures before the Royal Society of Arts. Sir Robert's subject was "Food, Nutrition and Health".

He said that nowhere in the world was the profound effect of food on physical efficiency more strikingly exemplified than in India, where the

physique of the Northern races of India was strikingly superior to that of the Southern, Eastern and Western races. "This difference depends almost entirely on the gradually diminishing value of the food, from the North to the East, South and West of India, with respect to the amount and quality of its proteins, the quality of the cereal grains forming the staple article of the diet, the quality and quantity of the fats, the mineral and vitamin contents, and the balance of the food as a whole".

"In general, the races of Northern India are wheat-eaters, though they make use also of certain other whole cereal grains. Now the biological value of the proteins of whole wheat is relatively high; and the wheat is eaten whole, after being freshly ground into a coarse flour (atta) and made into cakes called chapattis. The second most important ingredient of their diet is milk, and the products of milk (clarified butter or ghee, curds, buttermilk), the third is dhal (pulse); the fourth, vegetables and fruit. In conformity with the constitution of their dietaries they are the finest races of India, so far as physique is concerned, and amongst the finest races of mankind."

Describing his experiments, Sir Robert said that two identical groups of rats, twenty in each, were housed in colonies; both in large cages. One group was fed on a stock diet which included chapattis, pulse, and vegetables, and the other on a diet, such as is commonly used by the poorer classes in England. "The latter diet consisted of white bread, margarine, over-sweetened tea with a little milk (of which the rats consumed large quantities), boiled cabbage and boiled potato, tinned meat and tinned jam of the cheaper sorts. It has many faults, of which vitamin and mineral deficiencies are the chief".

"The first thing one noticed, as this experiment progressed, was that the members of the former and well-fed group lived happily together. They increased in weight and flourished. One died from accidental causes; two others died from pneumonia (the experiment precluded the provision of the usual straw for bedding since rats are apt to nibble it, the nights were cold, and always when a large number of rats are kept in the same cage there are some that do not get their fair share of milk; these facts are probably sufficient to account for the occurrence of pneumonia in two cases). The other group did not increase in weight: their growth was stunted: they were badly proportioned; their coats were staring and lacking in gloss; they were nervous and apt to bite the attendants; they lived unhappily together, and by the sixtieth day of the experiment they began to kill and eat the weaker ones amongst them. When they had disposed of three in this way I was compelled to segregate the remainder. The experiment was continued for 190 days, or for a period which would correspond to about sixteen years in man".

"The survivors in both groups were then killed and subjected to careful post-mortem examination. Polyneuritis, a sure indication of deficiency of vitamin B in the diet did not occur in the group fed on the Sikh diet, while two cases occurred in the group fed on the poorer class Britisher's diet. Disease of the lungs was twice as common in the latter group; gastro-intestinal disease was very frequent in this

group, while that receiving the Sikh diet was free from it. Indeed, the animals fed on the poorer class Britisher's diet fared little or no better than those, in another experiment, that were fed on a diet in common use in Madras, and the maladies from which they suffered were much the same".

"The results of this experiment indicated clearly that a diet, such as is commonly used by the poorer classes in England gives rise in rats to two chief classes of ailments—pulmonary and gastro-intestinal; while a more perfectly constituted diet such as is commonly used by Northern Indian races affords a considerable measure of protection against both. It is not unreasonable, therefore, to expect that, other things being equal, similar results will arise in man from the use of these diets. We do, in fact, find that these two classes of ailments are amongst the most frequent of the maladies afflicting the poorer class Britisher as well as the poorer-class Madrassi".—*J. I. M. A.*

* * *

Value of Honey in Dermatology.—W. Zaiss points out (*Kosmetologische Rundschau*, Nos. 7-8, July-August, 1935) that honey, besides being a valuable means of curing intestinal disturbances in young children and an incomparable heart remedy in young sports people, as well as in the aged, and because of its being salt-free and albumin-poor, a valuable ingredient in diet in renal conditions, is also an excellent adjuvant in dermatology. In eczema, acne and other skin conditions, it is a valuable drug, not only externally but also internally administered. Applied externally, the applications being changed every 24 hours, honey will cause a separation of crusts and clear the skin, after which the application of mild salves will prove more effective in the final clearing up process. Internally, it is to be advised, in case of cutaneous eruptions, where there is disturbance of metabolism and it sometimes works wonders. The external application of honey to furuncles and even to carbuncles often gives surprising results. A slight opening may be made in the furuncle and honey applied therein; or the honey may be applied without such previous opening, and the honey seeps in as soon as an opening occurs spontaneously. It is surprising to find that often the most severe carbuncles heal up without leaving the slightest scar, all because of the action of honey.

In cosmetic surgery, the use of honey on the post-operative wound, is to be highly recommended to avoid scar formation. The same is true in the treatment of burns. The point is that the honey prevents suppuration, and the absence of suppuration leads to a more fortunate cosmetic result. Some of the filthiest wounds clear up beautifully under honey, the dressing being changed every 24 hours. The honey is smeared on the dressing and applied directly to the wound.—*Urologic and Cutaneous Review.*

Book Reviews

Cheap and Healthy Homes for The Middle Classes of India.—By *R. S. Deshpande*, B.E., A.M.I.E. (IND.) Engineer, Bombay, P. W. D. Published by the author himself, with a Foreword by Major A. M. V. Hesterlow, I.M.S., Director of Public Health, Bombay Presidency, 1st Edition, 1935, Price Rs. 4-8-0.

This book, it is needless to say, supplies a long-felt want. The middle classes in India are an unhappy lot, possessing neither the wealth, comforts and conveniences of the richer classes, nor the contentment and resignation of the lower strata of society. In building their own homes to live in, they cannot afford to sacrifice comfort at the altar of economy. Mr. Deshpande has done a real service to the middle classes by coming out with this volume, where the best designs are given suited to their slender means. Being a literate class, they can, by reading this volume, not only check the vagaries of the unlearned but too artful masons, but also put a bridle over the extravagances of the professional architects whom they might consult for expert opinion. In this book there is a happy blending of Hygiene with Engineering and Appendices Nos. 1, 2 and 3 can be read with interest and profit, while the remarks and notes by the Director of Public Health contained in Appendix No. 4, make the book more authoritative. We heartily commend the book to our readers.

Picturesque Mysore.—Published by the Publicity Officer to the Government of Mysore, Bangalore, Price As. 6.

Picture is a novel and forcible way of expressing one's thoughts and the credit goes to the Publicity Officer to the Government of Mysore, for giving expression about Picturesque Mysore by means of pictures instead of words, thereby captivating the hearts and minds of the readers, in a word, making them spell-bound. There are 93 pictures given in this book, evidently chosen ones, to illustrate the beauty, the sanctity and the natural scenery of Mysore and these pictures will certainly serve as a good guide, friend and philosopher for the roaming tourist, the longing health-seeker and the spiritually minded pilgrim. The paper, printing and get-up leave nothing to be desired and we wish the book is in the hands of every one of our readers.

Care of the Eyes.—*Dr. R. S. Agrawal*, Eye specialist of Delhi, has written a small booklet in English, which explains different methods for the cure of eye defects by natural methods without glasses. It is fully illustrated and costs annas four; but Dr Agrawal will give it free to any one who will send one anna stamp for packing and postage.

Health Calendar—June 1936

By Mr. N. Rajaram Naidu,

23, Sivaraman St. Triplicane, Madras.

Mon.	1	Simple diet is the best for all.
Tues.	2	Health is the Nation's greatest defence.
Wed.	3	*H. M. The King Emperor's Birthday—Meeladi Nabi.*
Thurs.	4	Health can be squandered or it can be conserved.
Friday.	5	Keep all flies out of your kitchen.
Sat.	6	Sudden chilling of the body is to be avoided.
Sun.	7	Alcohol weakens the power of self control.
Mon.	8	Get the habit of regular attention to the bowels.
Tues.	9	Don't take your cares to bed with you.
Wed.	10	After dinner rest a while, after supper walk a mile.
Thurs.	11	Beware of all patent medicines.
Friday.	12	Good cheer is our unfailing aid to good health.
Sat.	13	Never sit in damp clothes or with cold or wet-feet.
Sun.	14	Know the art of living wisely and well.
Mon.	15	Many diseases are spread by the filthy fly.
Tues.	16	Take your meals at regular hours.
Wed.	17	Bad teeth may cause indigestion.
Thurs.	18	Reports of communicable disease should go to local officials.
Friday.	19	He cannot be said to be wise, who knows not how to live.
Sat.	20	More sleep—less growl.
Sun.	21	Never indulge in intoxicants.
Mon.	22	Eat more fruit for better health.
Tues.	23	Impure air is often responsible for feelings of depression.
Wed.	24	A fly-infested house is one not fit to live in
Thurs.	25	Do not allow any food or drink to remain in the sick room.
Friday.	26	Ventilate your room while working or sleeping.
Sat.	27	Bad habits! Resolve to break them.
Sun.	28	A stitch in time saves nine.
Mon.	29	Bathe at least once a day.
Tues.	30	Health is won by a way of Life rather than by a bottle of Medicine.